

**Statement of Organization  
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☐ Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

City of Brentwood

NOV 30 2015

City Clerk

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

JOHN D FINK FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

1025 PACIFIC GROVE CT

CITY

BRENTWOOD

STATE

CA

ZIP CODE

94513

AREA CODE/PHONE

925-550-8479

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

866-712-0045 / JDFINK@COMCAST.NET

COUNTY OF DOMICILE

CONTRA COSTA

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF BRENTWOOD

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

STACEY MAHER

STREET ADDRESS (NO P.O. BOX)

761 SECOND ST

CITY

BRENTWOOD

STATE

CA

ZIP CODE

94513

AREA CODE/PHONE

925-642-1605

NAME OF ASSISTANT TREASURER, IF ANY

JOHN D. FINK

STREET ADDRESS (NO P.O. BOX)

1025 PACIFIC GROVE CT

CITY

BRENTWOOD

STATE

CA

ZIP CODE

94513

AREA CODE/PHONE

925-550-8479

NAME OF PRINCIPAL OFFICER(S)

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

11-27-15  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

11-27-15  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT